FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

							Ģ ţţiçe ₎ Us	e. Only 2	AH 11: 52
	1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, ty r the lines.	pe 12FE	4M5 FE(HAIL	CENTER
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	٠	?! Check if different					1 1 1 1 1		
787	ii L	than previously reported. (ACC)	CREIN	Jakh		DM L	208	181-	لبيب
014	2.	FEC IDENTIFICATION NU	IMBER ▼	CITY A		STATE		ZIP CODE	A
031		0005185	O	3. IS THIS REPORT	NEW (N)	OR 🗍	AMENDED (A)		
М)	4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	== <i>,,</i>	<u></u>	20 (M5)	Aug 20 (M8)	— ү	lov 20 (M11) Non-Election ear Only) Dec 20 (M12)
		(a) Quarterly-Reports:		Mar 20 (M3)	Jun 2	0 (M6)	Sep 20 (M9)	L (I	Non-Election ear Only)
		April 15 Quarterly Report (C	11)	Apr 20 (M4)) (M7)	Oct 20 (M10)		an 31 (YE)
		July 15 Quarterly Report (C	PRE-FIA	ection	Primary (12P)	[] Ge	neral (12G)	H	unoff (12R)
		October 15 Quarterly Report (C	Report to	or the:	Convention (12C)	Sp	ecial (12S)		
		January 31 Year-End Report (Y		Election on	MM /	o / [Y u Y u	~ ~	in the State of	
		July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-E	1''	General (30G)	[Ru	noff (30R)	S	pecial (30S)
		Termination Report (TER)		Election on		ا الحسم	Y UY	in the State of	(
	5 .	Covering Period	21 2	012	through	[2]	(20	(2	
	I ce	ertify that I have examined th	is Report and to the	best of my kno	wledge and belief	it is true, corre	ct and complet	te.	
	Тур	e or Print Name of Treasure	CONST	かいいい	SED	214			
	Sign	nature of Treasurer	startin	Ah	,	Date	67 6	9 ′	2013
	NO.	TE: Submission of false, erron	eous, or incomplete in	nformation may su	ubject the person s	igning this Repo	rt to the penaltic	es of 2 U.S	S.C. §437a.
	_	Office	, = , = , = , = , = , = , = , = , = , =		, ,		FEC	FORM	1 3X
	1	Use	1	[[į į	į R	ev. 12/200	4

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Report Covering the Period:

From:



To:



2012

(°20°0)

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

(a) Cash on Hand January 1,

(3)

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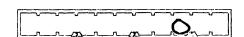
(b) Cash on Hand at





(c) Total Receipts (from Line 19)

Beginning of Reporting Period.....





(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....





7. Total Disbursements (from Line 31)..........





Cash on Hand at Close of
 Reporting Period
 (subtract Line 7 from Line 6(d)).......











This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE

of Receipts

Page 3

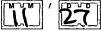
Write or Type Committee Name

(PSS FACTO

Report Covering the Period:

3031014194

From:





To:





I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	(,	
(i) Itemized (use Schedule A)		
(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[
(ii) Unitemized		
(iii) TOTAL (add	[[
Lines 11(a)(i) and (ii)		
בווסס דומאון מוס ווייס מוס ווייס דומאון	[
(b) Political Party Committees		
(c) Other Political Committees	[
• •		
(such as PACs)	[
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other		
Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		p. 2
(Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)	unamian manaman meneral	[
18. Transfers from Non-Federal and Levin Fi	unas	
(a) Non-Federal Account		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
., ., .,		
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))		
12, 10, 17, 10, 10, 17, and 10(0)/		
20. Total Federal Receipts		•
(subtract Line 18(c) from Line 19)		
(Subtract Line 10(C) from Line 18)		Language of the second

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FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees... Independent Expenditures 26. Loan Repayments Made..... Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures					
33.	Total Contributions (other than loans)				
	(from Line 11(d), page 3)				
34.	Total Contribution Refunds				
	(from Line 28(d))				
35 .	Net Contributions (other than loans)				
	(subtract Line 34 from Line 33)				
36.	Total Federal Operating Expenditures				
	(add Line 21(a)(i) and Line 21(b))				
37 .	Offsets to Operating Expenditures				
	(from Line 15, page 3).				

(subtract Line 37 from Line 36)

38. Net Operating Expenditures

FEC Form 3X (Rev. 02/2003)

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Description of
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(3)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

OF FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Zip Code City Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General **Primary** Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address COLON / CLTLANA City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page				nly on	MBER: e) 22 28a	E	23 28b		24 28c	GE _	25 29	OF	26 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or use e and address of any politica	ed by	any nmiti	pe ice	erson to	or the licit ao	pur ntrib	pose outions	of so	olicitin m suc	g co oh co	ntribu mrnit	tion: tee.	s
NAME OF COMMITTEE (In Full)														
Full Name (Last, First, Middle Initial)						Date o	f Die	ehuree	mei	nt				
								ن وا			Y	-η- λ -Γ	- γ -	1
Mailing Address												<u></u>		
City	state Zip Code				+									
Purpose of Disbursement				=	\exists	Amoun	t of	Each	Disi	burser	nent	this	Peri	od
Candidate Name		Cate Ty	egor ype	·y/									r	; <u>.</u>
41 1 1 11	nent For: Primary General Other (specify)													
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·				+									
).						Date o	f Di	sburse	eme	nt				
Mailing Address						M]′		В		~~~~ ~~~	~~~		
City	State Zip Code													
Purpose of Disbursement				=		Amoun	t of	Each	Dis	burse	meni	t this	Peri	od
Candidate Name		Cate	egor	ry/										
h	nent For: Primary General Other (specify)		<u> </u>											

C	andidate Name			Category/ Type	
	ffice Sought:	House Senate President rict:	Disbursement For: Primary General Other (specify) ▼	-	
). _	ull Name (Last, First,	Middle tnitial)			Date of Disbursement
P C	urpose of Disbursemerandidate Name Office Sought:	House Senate President	State Zip Code Disbursement For: Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period
			(optional)		

SCHEDULE C	(FEC	Form	3X)
LOANS			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X						
NAME OF COMMITTEE (In Full)							
1750 tacto							
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:						
CHIMES MARC	Primary						
Mailing Address	Other (specify)						
67)2 SUKY							
City N. RETHESPA MSTATES ZIP Code ZOESZ							
Original Amount of Loan Cumulative Payment							
677	677 -						
TERMS							
Date Incurred Date Date Date Date Date Date Date Date							
66'25' 2012 [" '[]'	7						
List All Endorsers or Guarantors (if any) to Loan Source							
Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
0	Amount						
City State ZIP Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
maining Address	·						
	Amount						
City State ZIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)	Name of Employer						
C. I dil Mario (Last, I list, Middle Illida)	realite of Employer						
Mailing Address	Occupation						
City State ZIP Code	Amount Guaranteed						
3	Outstanding:						
4. Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
	Amount						
City State ZIP Code	Guaranteed Outstanding:						
CURTOTAL C This Period This Pere (antique)							
TOTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.						

3031014200

DULE D (FEC Form 3X) BTS AND OBLIGATIONS

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER: (check only one)

9
10

cluding Loans		numbered line)] [10
AME OF COMMITTEE (In Full)			
(PSO FAC	87		
A. Full Name (Last, First, Middle Initial) of D	ebtor or Creditor	Nature of Debt (P	urpose):
Mailing Address			•
City State	Zip Code		
Only Glate			
Outstanding Balance Beginning This Perior	d	-	
in a far a far a l'annière en l'anne de mande annéhance de mande en la confession de l'annière de l'annière de			
Amount Incurred This Period	Payment This Period		ance at Close of This Period
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT			akteranasilanasa alberarente ile reasoni accomi an arter arteria est i i
i i i li mai la mala mala mala mala mala ma			allusana kanadiki merikana kan endama
B. Full Name (Last, First, Middle Initial) of D	• •	Nature of Debt (F	Purpose):
		·	
Mailing Address			
City State	Zip Code		
<u> </u>			
Outstanding Balance Beginning This Perio			
and the contract of the contra			
Amount Incurred This Period	Payment This Period	Outstanding Ba	lance at Close of This Period
planting and the second	And the second of the second o		and the second
C Full Name (Last First Middle Initial) of [Debter or Creditor		Newscard Constitution of the Constitution of t
C. Full Name (Last, First, Middle Initial) of [Debitor or Creditor	Nature of Debt (F	rurpose):
Maria A (2)			•
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Perio	d T		
Lead with with with with with with with with			
Amount Incurred This Period	Payment This Period		ance at Close of This Period
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		 	after particular and the company of the control of
SUBTOTALS This Period This Page (option	ai)		
TOTALS This Period (last page this line nur	mber only)		alamania makamania makamania makamania makamania makamania nya makamania makamania nya makamania nya makamania Nya makamania makamania makamania makamania makamania nya makamania nya makamania nya makamania nya makamania
,	nuon unity)	The state of the s	
) TOTAL OUTSTANDING LOANS from Scheo	dule C (last page only)	Property Company of the second	3.210.58
) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page a	nlv) >	32-10-50
, The E, and G, and July Joinard to approp		(III)	themselves the later of a ridde of the

13031014201

OULE C-1 (FEC Form 3X) ANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Pederal Election Commission, Washington, D.C. 20463									
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBE							
(PSS FLETO		COSTESSS							
LENDING INSTITUTION (LENDER)	LENDING INSTITUTION (LENDER) Amount of Loan Interest Rate (APR)								
Full Name	bearing the second seco	and account of the same of the							
	La de distribuit de la contraction de la contrac								
Mailing Address		Representational & Representation of Section of a contraction of an							
	Date Incurred or Established	Accordance in the state of the private of the state of th							
		Mary 1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
City State Zip Code	Date Due	Sandy Sandy Sandy Sandy							
A. Has loan been restructured? No Yes	If yes, date originally incurred	The second of th							
B. If line of credit,	Total								
Amount of this Draw:	Balance:	en e							
C. Are other parties secondarily liable for the debt incurre									
	ust be reported on Schedule C.)								
D. Are any of the following pledged as collateral for the I property, goods, negotiable instruments, certificates of	deposit, chattel papers,	What is the value of this collateral?							
stocks, accounts receivable, cash on deposit, or other	similar Inaditional colleteral?	aratar kinaman Kriston Militar ta Kausar Brand Maria aratan makaran ilimma arta ara							
No Yes If yes, specify:									
		Does the lender have a perfected securi interest in it? No Yes							
E. Are any future contributions or future receipts of interes	at income placed as								
collateral for the loan? No Yes If yes, s		What is the estimated value?							
		karanda amedika dikina dikana dikana dikena dikina dikana dikena dikena dikena dikena dikena dikena dikena dik							
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account								
Date account established:	Address:								
Self-rivity 1 Page 2011 1 Internal Section 2015	City, State, Zip:								
landered bearing bearing bearing									
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	s pleaged for this loan, or if the a was made and the basis on which	mount pleaged does not equal or exceed the it assures repayment.							
G. COMMITTEE TREASURER		DATE							
Typed Name		を発展を表する。 Supple Dark と Sub and Andrew Andrews							
Signature		historiania in propinsi in pro							
H. Attach a signed copy of the loan agreement.									
I. TO BE SIGNED BY THE LENDING INSTITUTION:									
 To the best of this institution's knowledge, the te are accurate as stated above. 	rms of the loan and other informa	ation regarding the extension of the loan							
II. The loan was made on terms and conditions (inc	cluding interest rate) no more favo	prable at the time than those imposed for							
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	comparable credit worthiness.								
complied with the requirements set forth at 11 C	FR 100.82 and 100.142 in making	g this loan.							
AUTHORIZED REPRESENTATIVE DATE									
Typed Name	·	Bellevis World & Ball and Dark & Ball and a Salar Salar							
Signature	l e	Established States of Stat							

SCHEDULE C	(FEC	Form	3X)
LOANS			

4. Full Name (Last, First, Middle Initial)

State

ZIP Code

Mailing Address

City

SCREDULE C (FEC FORM 3X)			
LOANS	Use separate schedule(s) PAGE OF		
LOANS	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)			
LPSO FACTO			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
Com -o	Primary Primary		
SEVEL YENO	General		
Mailing Address SEVEN LIKES	Cother (specify) ▼		
City CABU THE State MY ZIP CO	ode 208 (8		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
the attender was and the sold of the sold	the male manufactured and the section of the sectio		
and an executive authorized and Section Leve This level second and considerant described and considerant and c	Describer Collision and Commission and Commission Commi		
TERMS Date Incurred Date Due	Interest Rate Secured:		
The state of the s	Sadarfarthalladus hannamhannamhannahannah		
Op Workshop Committee Land Landson Landson	% (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถส		
State Zir Code	Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount gamagawagamagamagamagamagamagamagamagama		
City State ZIP Code	Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation .		
••	Amount gummagramou ramaquamou ramaquamou parauquu averq paraquana, averq eros, average ero		
City State ZIP Code	Amount grandparagrand		
_	Outstanding:		

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SUBTOTALS This Period This Page (optional)	<u> </u>	
TOTALS This Period (last page in this line only)	>	manufacture agriculty space of consect of the conference of the local space of the local

Name of Employer

Occupation

Guaranteed Outstanding:

Amount

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES			PAGE	OF
NAME OF COMMITTEE (In Full)				OF FORM 3X
1PSO FACTO			C OOSI	7.53G
Check if 24-hour report 48-hour report New re	eport Amends repor	t filed on	///	<u></u>
Full Name (Last, First, Middle Initial) of Payee		Date		
Mailing Address			, <u>, , , , , , , , , , , , , , , , , , </u>	
		Amou	int	
City State	Zip Code			
Purpose of Expenditure	Category/ Type	Office Soug	H-0	State:
Name of Federal Candidate Supported or Opposed by Expenditu	re:	Check One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	* · · · · · · · · · · · · · · · · · · ·	Disburseme	nt For: Primary	General
Full Name (Last, First, Middle Initial) of Payee		Date		
Mailing Address		Amou		
City State	Zip Code			~
Purpose of Expenditure	Category/	Office Soug	H-0	State:
Name of Federal Candidate Supported or Opposed by Expenditu	re:	Check One	President : Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	M. M. M.	Disburseme	ent For: Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures		▶		O
(b) SUBTOTAL of Unitemized Independent Expenditures		▶		6
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.				
Costata Alas Signature	Date	OT '	09 201	3

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)